Interview with CAPT Robert E. Strange, MC, USN (Ret.), psychiatrist assigned to USS *Repose* (AH-16) during Vietnam War. Interviewed by Jan K. Herman, Historian, Navy Medical Department, 31 January 2006.

Where did you grow up?

In the Midwest. I went to school at Indiana University, both pre-med and medical school.

When did you decide to go into psychiatry?

First I decided to go into the Navy as a senior medical student. I went into the Senior Medical Student Program and then took a Navy internship. At that time they were desperate for psychiatrists and I had always been interested in it. So I got a Navy residency in a variety of places--Napa State Hospital and the Naval Hospital in Oakland.

After the residency, I went to Yokosuka, where I was stationed for 2 years. Then I got called back to go to Camp Pendleton because the chairman of the department of psychiatry there had gotten into some difficulties. So I took over the department. A few years after that, Vietnam began. I was there when the 1st Marine Division pulled out supposedly on an exercise and ended up going ashore at Danang. All of a sudden all the Marines on the base were gone.

At that time there was talk about a hospital ship. Although I was in psychiatry, I was sure they would have a psychiatrist aboard. So I talked to Ralph Christy, who was the Surgeon General's consultant in psychiatry at the time. I wrote him a letter and said, "If you're going to have a hospital ship and need a psychiatrist, I would like to go."

At that point, I was thinking about staying in the Navy and decided that if I missed the opportunity to be involved in some kind of combat operations, that was missing a career opportunity that couldn't be passed up.

The only psychiatrist the Navy had over there at the time was with the 1st Marine Divisio--the division psychiatrist. Ralph Christy said he would keep me in mind and the next thing I knew, I had orders to the *Repose*.

I joined the ship when it was still in the process of being upgraded before it became operational. It was in the shipyard at Hunter's Point. It was there for a little while and then out on sea trials. As I recall, I got to go home for Christmas in December of '65. I recall the first Super Bowl in January. The following day I went to the ship.

You must have known Dr. Bill Terry.

Oh, yes, very well. We were good friends.

I spoke with him yesterday.

Is that right? I haven't talked to him in almost 40 years! We were very close friends on the ship. There were four or five of us that were pretty close–the urologist, Chenault. McFee was a surgeon. And Mitch Mills. He was the chest surgeon. He was probably my closest friend on the ship but after we got back, we drifted apart.

I've also spoken with Dr. McFee recently.

Very good.

Dr. McFee is out in San Antonio.

You always think you're going to get together but you never do. It's one of those things. As you're probably aware, it took weeks for the *Repose* to get over to Vietnam because of all the problems they had--boilers and so on.

Yes. Dr. McFee told me all about that.

But the good news was that we got 2 weeks in Hawaii.

He said that it wasn't all bad.

No. Then we were in Subic Bay for a while. Eventually, we got on station in February.

Of course, I'd never had an experience like this, although at Camp Pendleton I had been teaching in the Field Medical Service School about combat psychiatric casualties.

Things were kind of slow at first. As I recall, we circulated between Danang and Chu Lai offshore waiting for something to happen. Eventually, things began to pick up, and there were some pretty big operations. I remember "Operation Prairie" particularly because I got a bunch of casualties.

What do you remember about those first casualties that you treated?

They were pretty classic combat fatigue casualties in that they were pretty out of it and hadn't slept for days. They had a variety of minor psychiatric symptoms. We had a standard of treatment that I wrote an article about. It's kind of funny now because Thorazine has fallen into disrepute in psychiatry.

I have that article. It's entitled "Hospital Ship Psychiatry in a War Zone."

Yes. It talks about using Thorazine. Smith, Kline & French got all excited about it because they manufactured it. That's what I used primarily.

The casualties came aboard either a few at a time or all at once. If there were a lot of them I would work and help triage. I didn't pretend to be a combat surgeon or anything but I could help do triage on the flight deck as they came in.

The psychiatric casualties always came in last for obvious reasons. They weren't life-endangered for the most part. So I would get casualties when most of the others had already come in and the surgeons were already hard at work. I remember our poor neurosurgeon was chronically seasick. He would operate for a while, break scrub, go vomit, and then come back and operate some more. Then he'd break scrub, go vomit, etc.

I think my psychiatry unit had about 20 beds. It would be full, then empty out, and then there would be nobody for a while. Then it would be full again. That's the way it worked.

Our treatment was pretty straightforward and simple. For the most part, unless they had serious psychiatric disorders, we would give them Thorazine so they could sleep and relax for 24 hours and still wake up to eat. Then within 48 hours, we'd stop the Thorazine, take them out on deck so they could see what was going on ashore, and persuade them to go back to duty. I hate to sound crass about it but that's what it was. And it worked well. I was pretty proud at the number of people we got back to duty and wanting to go back.

It certainly was true that the longer we held them on the ship, the less likely they would want to go back. One or two days was as much as most of them got.

I got interested in combat fatigue and the stress disorders at that time. When I came back, I had written a couple of articles about combat fatigue. I remember one, "Combat Fatigue Versus Pseudo Combat Fatigue." The difference was nothing more than the guy who is

psychiatrically healthy but subjected to so much stress than he has psychiatric symptoms. Then there is the character disorder, which we all know is so common in the military--personality disorders. These people had trouble in combat just as they did anywhere else.

Did that exacerbate the situation?

There's no question that it did but they had so many problems already that I really hated to categorize them in the same way as we did the people who were strong and who were more legitimate casualties. With the other group, you never could tell for sure how much manipulation was going on.

We would be busy and then we would not be busy for longs periods of time. I got to go ashore a lot because the 3rd Marine Division, which was at Chu Lai, had a small medical operation going on with one psychiatrist. There were only three Navy psychiatrists over there at the time. Eventually there were four at the Danang hospital which was being built then.

I got to do some circuit riding ashore. If a psychiatrist ashore would have patients who he was concerned about, had questions about, or didn't have time to see, I would help out either consulting or seeing patients. This happened at both Danang and Chu Lai. For somebody interested in the military and making a career out of it, it was highly desirable. I had a good experience.

Just before the *Repose* left, the Viet Cong blew up the hospital under construction and they had to rebuild most of it. This was before they actually had patients in it. I had gotten to know the surgeon previously at Yokosuka who eventually became the first CO of the station hospital at Danang. He didn't request having a psychiatrist on the staff there. When asked why, he said, "If I don't have a psychiatrist, I won't have any psychiatric casualties." I've used that story ever since because often psychiatry gets left out in the cold. People think they can get along without it until the problems arise. And then they want a psychiatrist.

Stan Kreider was the psychiatrist at the station hospital and we had gotten to be good friends. He was an excellent psychiatrist. The last I heard, he was down in Norfolk someplace practicing. After I came back, he followed me in several duty stations.

So all your patients were Marines?

Yes, except for those we got off of ships that were around. We would get patients from the cruisers that were doing naval gunfire and that sort of thing. So we had some Navy patients but almost exclusively Marines. At that point, I Corps was primarily a Marine operation.

I was on the ship until . . . They couldn't get a replacement. I was supposed to get back in December of '66. Instead I didn't get back until January or February of '67.

Were you frequently seeing mainly the same kinds of conditions?

A lot of what I did was just straight military kinds of psychiatry. There was nothing special about it. Then you had the combat casualties who came in.

So you might have patients who were already injured in some other way and then they also had psychiatric conditions developing.

Yes. That's certainly true. I did a lot of consulting with the surgical and medical patients.

I know there's nothing typical, but what would have been an extreme case you dealt with?

Probably amputations were the things most troublesome to most people. It was difficult for the patient and difficult for the staff. Everyone felt terrible when they occurred and they frequently did. I spent a lot of time with people who had brand new amputations and were trying to figure out how their lives were going to go.

When I came back I was at Naval Hospital Philadelphia, which, of course, was the largest evacuation center and amputee center. We saw Chesty Puller's son, who had multiple amputations and a variety of problems. From my standpoint, one of the most difficult and most required things was dealing with amputees.

How did you deal with an amputee?

First, I'd listen to him and figure out what about the situation was the most bothersome. Then I'd try to apply some reassurance, which was fairly easy to do because there were a lot of people trying to help them out. Frequently we used medications just to help the depression--anti depressants and so forth. There was nothing very spectacular about it. It was a matter of empathy, understanding and encouragement, and anti depressant medication.

Were there any really extreme cases that you remember, not necessarily amputees?

One interesting syndrome I saw a lot of . . . We always felt empathy but I felt sympathy for these people. These were the senior non-coms who had made their way up in the non-combat Marine Corps. The way they had made their way to become gunnery sergeants was by attention to detail--obsessive-compulsive traits–being sure to do everything just right. And the thing that is so striking in a combat zone is the chaos and uncertainty. A lot of these fellows had a tremendous problem with depression because they found that their obsessive-compulsive traits did not prepare them. In fact, these traits crippled them for combat where there was so much ambiguity. They couldn't tolerate the ambiguity of combat. I saw a tremendous number of Marine non-coms who were depressed. Obviously because they had leadership roles, they had a lot of guilt for all the problems that they encountered--deaths and so on. I think I found them as difficult as any group I've dealt with.

And these people would be evacuated to the *Repose*?

Yes. These were the senior sergeants who suddenly because ineffective and depressed. Their entire world was the Corps and they had failed the ultimate Marine Corps test--combat. They had been perfect peacetime non-coms because of their obsessive-compulsive attention to detail. But when the time came when those traits became a liability, they were unable to adapt to a fluid situation.

How did you deal with them?

We tried to have them view the world in a different way. There is a world outside the Marine Corps. The things that made you important in the Marine Corps before combat can make you even more important once you're out of the Corps. You may be the best person in a job that requires obsessive-compulsive attention to detail so you can put your Marine Corps experience to good use. We tried to get them to restructure their world and help them to see their assets as assets instead of the liabilities they had become in combat. Generally, if you are obsessive about things, you get ahead in the corporation.

Were you ever able to get them to go back to a combat situation?

Not very often. They were pretty much ruined for that.

So they were evacuated back to the States?
Yes.

It must have very difficult for the next care giver down the line to deal with them.
By the time they got back, we hoped they would have restructured the way they viewed things and had seen that there was life outside the Marine Corps and they had talents that might stand them in good stead outside the Corps.

I had the painful experience of having two officers I had known at Camp Pendleton as neighbors as patients. One was depressed after a combat experience in which he had a lot of losses. He had been a neighbor of mine at Camp Pendleton. Another, who had been a neighbor, was in Marine supply. He was great at that until the combat situation came along and then he got things mixed up and so on. He wasn't doing a good job in supply, got depressed, and had to be evacuated. So that was one of the more trying experiences seeing a couple of good friends as patients.

So you went to Philadelphia after leaving the ship?
Yes. I continued seeing patients there but also got involved in teaching, which was delightful. We had a residency program. I was able to use my experience to help young psychiatrists. I was in Philadelphia for 6 years.

For quite a while, I was pretty interested in stress disorders but gradually over the years as I've done more civilian work, my interests have changed a little bit. Now there's a lot of new stuff out that I'm trying to keep track of.

From Philadelphia, I went to the Bureau [BUMED] as head of the psychiatric branch. After that, I became Director of the Medical Corps Division. Back then, I assigned physicians and did that for 2 years and realized I was out of psychiatry forever if I didn't do something drastic. I was thinking about a command and talked to the then Surgeon General about it. I probably had one in hand but our kids were all in high school and I thought, "I'm not sure I want to do this." So I retired in '77 after 20 years in the Navy.

So you went into practice afterward?
I thought I would get out and make a lot of money so I went with a private hospital group. This was the heyday of the wealthy private hospital. They were going to set up this high class hospital out in Leesburg for rich executives. I thought this would be right up my alley. I had been a public servant long enough.

So I went out there and in about 6 months I realized that wasn't the thing for me. I didn't like the corporation. I didn't like the way they did business. I didn't like the way they expected me to go out and drum up business instead of taking care of patients. So I quit after a year.

Then I went to be Director of the Northern Virginia Mental Health Institute, which is a small state hospital right here in Fairfax. I was there for 16 years. I simultaneously conducted a small private practice in the evenings. Then in '94 I retired from the Northern Virginia Mental Health Institute and kept my private practice for another 6 years and built it up. But I couldn't keep up with all the insurance business so I stopped that practice in 2002 and since then I've been working for two mental health centers. I work at the Woodburn Mental Health Center in Fairfax 2 days a week for the Fairfax-Falls Church Community Services Board. And I work for

the Rappahannock Area Community Services Board, which is in Fredericksburg in a small public clinic in Spotsylvania, Virginia 2 days a week. I live in Stafford, about halfway between the two.

It's been 40 or so years since you were in Vietnam. Do you think about your time on the *Repose* anymore?

I sure do. Often they're just fleeting thoughts but, of course, every time there's a war, I think they're gonna fight that war without me. When the first Iraq war came along, the VA had me come along and assist with some training they were doing with physicians who were going to be involved with combat psychiatry. Then when they mobilized the hospital ship for that war and the current one, I thought about it. One time I was so enthused, I thought I would try to write a history of hospital ships but I've never gotten around to it.

Thank you so much for spending time with me this afternoon.

It's been a pleasure.

280 Skyline Dr.
Fredericksburg, VA 22406